## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P02000034199

DOCUMENT #

FILED
Mar 17, 2003 8:00 am
Secretary of State

| WE THE |
|--------|

| 1. Entity Name ANTHON   | e<br>Y TILE & MARBLE, INC.   |   |                            |                          | 03-17-2003 90705 04  | H ***150                                      | 0.00                      |  |
|---|--|---|----------------------------|--------------------------|--|---|---------------------------|--|
| Principal Place<br>1477 SW 1191<br>PEMBROKE PI                        | Mailing Address<br>1477 SW 119TH AVE.<br>PEMBROKE PINES FL 330                     | 25  |                            |                          |  |   |                           |  |
| 2. Principal Place of Business 4495 SW/WAVE #208.                     |  |   |                            |                          |  | {   <b>           </b>                        | <b>6114 (81</b> 1 108)    |  |
| Suite, Apt.   |  | Suite, Apt. #, etc.   |                            |                          | ☐ CHECK HERE IF MAKING CHANGES   |   |                           |  |
| City & State  |  | City & State  |                            |                          |  |   | plied For<br>t Applicable |  |
| Zip   | Country  | Zip   | Country                    |                          | 5. Certificate of Status Desired   | \$8.75 Add<br>Fee Required                    |                           |  |
|   | 6. Name and Address of Current F   | Registered Agent  |                            |                          | <ol><li>Name and Address of New Registered A</li></ol>   | gent  |                           |  |
|   | - Marie Min  |   | Names                      | 50 a.                    | Felix  | ≈±=-(~ ~                                      | _ ]                       |  |
| GODOY, F  | ELIX A   |   | ~~                         |                          | Te Tree Tree Tree Tree Tree Tree Tree T  |   |                           |  |
|   | 119TH AVE. 34  |   | Street A                   | adress (P.C              | 1. Box Number is Not Acceptable)   |   | ľ                         |  |
|   | · · ·  |   |                            | ــــــد                  | 3 00 16011 - 0 44 20 8   | •   |                           |  |
| PEMBROK   | E PINES FL§33025   |   |                            |                          |  |   |                           |  |
| City  |  |   |                            |                          | RAMAR FL 33027 FL Zip Code   |   |                           |  |
| 8. The above  | named entity submits this statement for  | the purpose of changing its i                                 |                            |                          | agent, or both, in the State of Florida. I am fa   | amiliar with, a                               | and accept                |  |
|   | ions of registered agent.  |   |                            |                          | - <i>I</i>   | /   |                           |  |
|   | $\sim$ 1 0 $\chi$  |   |                            |                          | 3/11   | 103   |                           |  |
| SIGNATURE (   | Signature, typed a printed manual of registered agent ar                           | NOTE:   | : Registered Agent signate | re required wh           | hen reinstation) DATE  | <u>, , , , , , , , , , , , , , , , , , , </u> | <del></del> [             |  |
|   | Signature, typed a printed frame of registered agent at                            | то на паррисавие.   | . Hogistored Agent signat  | aro roquireo wi          |  |   |                           |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00 |  |   |                            |                          | 9. Election Campaign Financing Trust Fund Contribution.  |   | May Be                    |  |
| Make Check  | Payable to Florida Department of   | State   |                            |                          |  |   |                           |  |
| 10.   | OFFICERS AND D   | DIRECTORS   | 11.                        |                          | ADDITIONS/CHANGES TO OFFICERS AND  |   | 3 IN 11                   |  |
| TITLE   | P  | ☐ Delete  | TITLE                      | <b>P</b> .               | <b></b>  | Change  | Addition                  |  |
| NAME  | GODOY, FELIX A   |   | NAME                       | GOD                      | rsw.160 Avet 208.  |   |                           |  |
| STREET ADDRESS  | 1477 SW 119TH AVE.   |   | STREET ADDRESS             | 4433                     | 2 W 160 AVER 208.  |   | 1                         |  |
| CITY-ST-ZIP   | PEMBROKE PINES FL 33025  |   | CITY-ST-ZIP                | MiR                      | 2AMAR EL 33027-  |   | }                         |  |
| TITLE   | V<br>GUTIERREZ, BEATRIZ  | √⊒ Delete   | TITLE                      |                          | herrez BEATRIZ<br>35 SW. 160 Avetro8.  | Change  | Addition                  |  |
| NAME<br>STREET ADDRESS  | 1477 SW 119TH AVE.   |   | NAME<br>STREET ADDRESS     | ( U V )                  | 2 - C. 1 16 M - 10 10 10 10 10 10  | ì   |                           |  |
|   |  |   |                            | 443                      | 33 SW MOCKEDO.   |   |                           |  |
| CITY-ST-ZIP   | PEMBROKE PINES FL 33025  |   | CITY-ST-ZIP                | MIR                      | LAMAR FE JOUCH   | <del></del>                                   |                           |  |
| TITLE   | · <u>-</u>   | Delete  | TITLE                      | E-L-                     | للجار والمرابعة ليعيمن أجرج أأراري أريعت   | ☐ Change                                      | ☐ Addition                |  |
| NAME  |  |   | NAME                       |                          |  |   |                           |  |
| STREET ADDRESS  |  |   | STREET ADDRESS             |                          |  |   | ł                         |  |
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| 7171.5  |  | ☐ Delete  | TITLE                      |                          |  | Change  | ☐ Addition                |  |
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| TITLE   |  | ☐ Delete  | TITLE                      |                          |  | ☐ Change                                      | ☐ Addition                |  |
| NAME  | •  |   | NAME                       |                          |  |   |                           |  |
| STREET ADDRESS  |  |   | STREET ADDRESS             |                          |  |   |                           |  |
| CITY-ST-ZIP   | <u> </u>   |   | CITY-ST-ZIP                |                          |  |   |                           |  |
| 12. I hereby of indicated   | ertify that the information supplied with on this report or supplemental report is | this filing does not qualify for true and accurate and that m | the exemption star         | ed in Sect<br>ave the sa | tion 119.07(3)(i), Florida Statutes. I further cert<br>ime legal effect as if made under oath; that I ar | ify that the in                               | or director               |  |